Mr. Tom Clinton, Commissioner of the Revenue City of Falls Church 300 Park Avenue, Suite #104E Falls Church, VA 22046-3351

Phone: (703) 248-5023 Fax: (703) 248-5212 E-mail: commissioner@fallschurchva.gov

City of Falls Church Standard Business Closure Letter

	Date:		
Dear Mr. Clinton,			
I have closed or mo	oved (circle one) my business, called	l(insert your b	business name or former business name)
it was trading as _	(insert your trading name or your f	former trading name)	, and it was previously located at
	F. II. Cl. J. Ci.		, Falls Church, VA
	nsert your former Falls Church City street add		
The business was o	closed or moved out (circle one) of F	Calls Church City as	of (insert the business closure or move date)
			(misert the business closure of move date)
I am writing this le	etter to officially notify you that we	have ceased operation	ons in Falls Church City. Please
inactivate both my	Falls Church City Business License	e and my Tangible P	Personal Property Account after I have
paid any outstandi	ng balances on either account.		
If you need to cont	act me in the future, please do so at	the following busine	ess name and address
	(insert your forwarding business name and a	ddress, if applicable, or yo	our name and home address)
You can also reach	n me by phone at ()	or by	fax at () (insert your area code and fax number)
			(insert your area code and fax number)
My e-mail address	is (insert your e-mail ad	dress)	
My name is		and my title is/was _	(list your title in the company or former company)
	(please print your name)		(list your title in the company or former company)
Signature:		Date:	

^{*}Please complete this form and mail or fax it back to the Office of the Commissioner of Revenue at (703) 248-5212 so we may inactivate your accounts. Thank you for helping us update our records.